



NATIONAL HOME BUYER'S ALLIANCE

Chicago

Applicant's Name		SSN	DOB	Email		
Home Phone ()	Mobile Phone ()		Circle Marital Status SNGL MAR DIV WID	# Dependents	Dependent Ages	
Address		Unit #	City	State	Zip Code	# Years
Circle One: OWN RENT LIVE W/FAM		Rent/Mtg Payment: \$	Landlord Name / Mtg. Co.			
Previous Address – (if at current address less than 2 years)		Unit #	City	State	Zip Code	# Years

COAPP:	Employer		Position		Rate of pay \$	# Years	
	Address		City		State	Zip Code	
	Work Phone ()		Can you be contacted at work? YES NO		Work Email Address		
	Previous Employer (if at current employer less than 2 years)		Position		Rate of pay \$	# Years	
	Other Income (2 nd Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$		
	Other Income (2 nd Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$		
	Assets and Other Information	Checking \$	Savings \$	401K \$	IRA \$	Stock/Bonds/Mutual Funds \$	
	Spouse's Name (If not married use separate application)					SS#	
	DOB		Mobile Phone ()		Email Address		
	GMI	Employer		Position		Rate of pay \$	# Years
Address		City		State	Zip Code		
Work Phone ()		Can you be contacted at work? YES NO		Work Email Address			
Previous Employer (if at current employer less than 2 years)		Position		Rate of pay \$	# Years		
Other Income (2 nd Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$			
Other Income (2 nd Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$			
Assets and Other Information		Checking \$	Savings \$	401K \$	IRA \$	Stock/Bonds/Mutual Funds \$	
PP1							
Employer		Position		Rate of pay \$	# Years		
Address		City		State	Zip Code		
Work Phone ()		Can you be contacted at work? YES NO		Work Email Address			
Previous Employer (if at current employer less than 2 years)		Position		Rate of pay \$	# Years		
Other Income (2 nd Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$			
Other Income (2 nd Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$			
PP2							
Employer		Position		Rate of pay \$	# Years		
Address		City		State	Zip Code		
Work Phone ()		Can you be contacted at work? YES NO		Work Email Address			
Previous Employer (if at current employer less than 2 years)		Position		Rate of pay \$	# Years		
Other Income (2 nd Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$			
Other Income (2 nd Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$			
ADV							
Assets and Other Information	Checking \$	Savings \$	401K \$	IRA \$	Stock/Bonds/Mutual Funds \$		



LIST OF CREDITORS CHECKLIST

Please provide a list of all credit related accounts that you are currently paying. Please include car loans, credit and charge cards, personal loans, student loans, mortgage payments, bankruptcy or tax payments, child support and alimony. It is not necessary to list utility bills, automobile insurance, cell phones, medical bills, or accounts that are in collection.

Table with 4 columns: CREDITOR, HIGH CREDIT, BALANCE, MIN. MO. PAYMENT. The table contains 18 empty rows for data entry.



CREDIT AND HOUSING QUESTIONNAIRE

1. If you are currently renting a property when does your lease end? _____
 In the past year have you been 30+ days late on your rent/mortgage? Yes No
2. Do you have any student loans? Yes No
 Student loan status: In Repayment Defaulted Deferment Forbearance
 If in repayment, monthly payment? \$_____ Estimated balance? \$_____
3. Are you obligated to pay child support? Yes No
 Monthly payment? \$_____
 Are the payments at the agreed amount and on time? Yes No
4. Do you now or have you previously owned a home in the past 3 years? Yes No
 Is it: My Current Residence Currently Rented Sold Foreclosed
 If rented, monthly rent? \$_____ and what is the mortgage payment \$_____
 Please provide the date if foreclosed _____ or, if sold _____
5. Have you ever filed for bankruptcy? Yes No
 Type of bankruptcy: Chapter 7. Chapter 13
 Month and year filed? _____
 Bankruptcy status: Ongoing Discharged Dismissed
 Ongoing Chapter 13 bankruptcy payment? _____
 If discharged/dismisssed provide month and year. _____
6. Are you currently participating in a credit repair program? Yes No
 Company name _____ and your monthly payment. _____
7. Are you currently participating in a debt management program? Yes No
 Company name _____ and your monthly payment. _____
8. Do you have any outstanding judgments in your home state? Yes No
 Estimated amount owed? \$_____
9. Do you have any state or federal tax liens? Yes No
 Estimated amount owed? \$_____
10. In the past 5-years have you had any accounts go to collection? Yes No
 Estimated total amount of non-medical collections \$_____
11. Do you currently have any security freezes on your credit files? Yes No



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12. Are you VA eligible? Yes No

13. In your line of work are you considered a First Responder? Yes No

14. Please check any of the following housing styles that you might be interested in:

House Condominium Town House Duplex

15. Please state what amount of house payment would most be comfortable for your budget:

\$ _____

16. Have you applied for a mortgage in the past year? Yes No

17. If yes where did you apply and what was the result?

18. Please provide any information or comments that you would like to have considered.

I acknowledge the information listed above is a full disclosure of the monthly bills that I am currently payment and that I have answered the questions to best of my knowledge. I understand that without full disclosure NHBA cannot make an accurate determination of my approval status.

Signed Date

Signed Date

Print Name

Print Name



Chicago

CREDIT RELEASE AUTHORIZATION AND LETTER OF UNDERSTANDING

I understand that I am submitting my personal information so that a credit and financial evaluation can be completed. I understand the application fee of \$100 per person will only be refunded if I am not approved for the NHBA Home Ownership Program.

I hereby authorize National Home Buyer's Alliance or its assignees to make all necessary inquiries to creditors, credit reporting agencies or any other applicable source to determine my credit worthiness and ability to repay debt. Furthermore, I authorize NHBA or its assignees to verify such information with all necessary information sources.

I understand that if this or any future payment is returned, for any reason, that NHBA may make subsequent attempts to process the payment. If I have paid by personal check and NHBA cannot redeposit my check then I authorize NHBA to append my check number and reissue my check using "Remotely Created Check" technology. In any event, I understand that NHBA may add actual bank service charges for returned payments along with a \$25 service fee. If my account is sent to a collection agency, or attorney, for my failure to make payment I agree to be liable for all court filing fees, attorney fees and collection expenses in processing my delinquent account. Said amounts are in addition to any unpaid balance on my account.

Applicant Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Signature: _____ Date: _____

Address: _____ Unit # _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____

I prefer to receive my acceptance letter from NHBA via (select one): Email US Mail

Email Address: _____@_____

Spouse Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Signature: _____ Date: _____